

**RECEIVED**  
**CENTRAL FAX CENTER****AUG 13 2004**

JOHNSON & JOHNSON  
CORPORATE HEADQUARTERS  
PATENT LAW DEPARTMENT  
ONE JOHNSON & JOHNSON PLAZA  
NEW BRUNSWICK, NEW JERSEY 08933-7003

**OFFICIAL****FACSIMILE TRANSMISSIONS COVERSHEET**

DATE: Aug. 13, 2004

ATTENTION: Art Unit 3731

COMPANY: PTO

FACSIMILE NO.: 703-872-9306

FROM: Brian S. Tomko

TELEPHONE NO.: (732) 524-1239

FACIMILE NO.: (732)-524-5575

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 2

COMMENTS: Re: USSN 10/790,540  
Our Ref.: HRT0256C2

**Contents:**

Power of attorney for parent case: 1 page

**CONFIDENTIALITY NOTICE**

THIS MESSAGE IS INTENDED ONLY FOR THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE SOLELY TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number

097915,629

Filing Date

7/26/01

First Named Inventor

Gifford III

Group Art Unit

3731

Examiner Name

D. Reip

Attorney Docket Number

HRT0256

I hereby appoint:

☒ Practitioners at Customer Number **000027777** —Place Customer  
Number Bar Code  
Label Here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

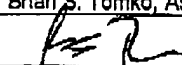
I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Brian S. Tomko, Assistant Secretary, Heartport, Inc., a Johnson &amp; Johnson company

Signature



Date

August 13, 2004

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☐ \*Total of \_\_\_\_\_ forms are submitted.